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CONFIRMATION NO. 3548

SERIAL NUMBER 10/798,243	FILING DATE 03/11/2004 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 33365/US/4
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/462,403 04/11/2003
 and claims benefit of 60/520,710 11/17/2003

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MN	17	27	4
Allowance Examiner's Signature Initials				

ADDRESS

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TITLE

Method and system for collecting used medical devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 556		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)